

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4	/		/				54				
5		/		/			55				
6		/		/			56				
7	/		/				57				
8		/		/			58				
9		/		/			59				
10	/		/				60				
11		/		/			61				
12	/		/				62				
13		/		/			63				
14	/	/	/	/	/	/	64				
15	/	/	/	/	/	/	65				
16	/	/	/	/	/	/	66				
17			/				67				
18				/			68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5		6				TOTAL IND.				
TOTAL DEP.	8		9				TOTAL DEP.				
TOTAL CLAIMS	13		15				TOTAL CLAIMS				